

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046085

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

43 3007 1229
FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN POPLAR BLUFFLength of stay in 1b
19 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY BOLLINGER

c. CITY OR TOWN PATTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

GENERAL DELIVERY

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

TONY

FLOYD

SEABAUGH

4. DATE OF DEATH

Month

Day

Year

DECEMBER 22 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-27-929. AGE (last birthday)
70 YEARSIF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

PATTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB SEABAUGH

13b. MOTHER'S MAIDEN NAME

SARAH WOOLDRIDGE

14. NAME OF HUSBAND OR WIFE

IDA SEABAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWI

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

TERMINAL BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

72 HOURS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOLAR NEPHROSCLEROSIS

YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RHEUMATOID ARTHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
VA DECEMBER 3, 1962

to DECEMBER 22, 1962

- Death occurred at 1:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

ROBERT S. COHEN M.D. Chief Med. Service

22b. ADDRESS

VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED

12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12/23/1962

23c. NAME OF CEMETERY OR CREMATORY

Baptist Cemetery

23d. LOCATION (City, town, or county)

Patton, Missouri

24. FUNERAL DIRECTOR

ADDRESS

McDaniel Funeral Ser. Kennett, Mo.

25. DATE RECD. BY LOCAL REG.

1-4-1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6128

2 0090

3

4 0

5 1

6

7 0

8 2

9 446X

10

11

12 5-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.